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Bib Data Sheet

CONFIRMATION NO. 7353

<b>SERIAL NUMBER</b> 10/628,998	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> S63.2-10692
<b>APPLICANTS</b> Tracee Eidenschink, Wayzata, MN; <b>** CONTINUING DATA *****</b> <i>none (S/N).</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none (S/N).</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/23/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Carther S. Willis (S/N).</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 38
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 490				
<b>TITLE</b> Variable manipulative strength catheter				
<b>FILING FEE RECEIVED</b> 1074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	